MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9615

-62-036670 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1			
2	81207	9	
3			
4	0		
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12	52-0		
13			

52

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY FILED OCT 1 1 1962

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI — Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL — Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY Madison

c. CITY OR TOWN Collinsville — Inside Limits Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location) 1503 W. Main St. — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First JOHN Middle J. Last SAGGIO

4. DATE OF DEATH Month OCTOBER Day 7 Year 1962

5. SEX Male

6. COLOR OR RACE White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 6-18-08

9. AGE (last birthday) 54 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Proprietor

10b. KIND OF BUSINESS OR INDUSTRY Restaurant

11. BIRTHPLACE (City and state or country) Milwaukee, Wisconsin

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Anthony Joseph Saggio

13b. MOTHER'S MAIDEN NAME Rose Natoli

14. NAME OF HUSBAND OR WIFE Martha Saggio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW #2

17. INFORMANT Address Collinsville, Ill. Mrs. John Saggio, 1503 W.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) CHRONIC GLOMERULONEPHRITIS, SUSPECTED — Interval between onset and death UNDETERMINED

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c) 592 X H

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

HEPATOMA. PULMONARY EMPHYSEMA. PAGET'S DISEASE.

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from OCT. 1, 1962 to OCT. 7, 1962 and last saw her him alive on OCT. 7, 1962

Death occurred at 1:45 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) C. Ramella, M.D. M. D.

22b. ADDRESS BARNES HOSPITAL

22c. DATE SIGNED 10/8/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 10-10-62

23c. NAME OF CEMETERY OR CREMATORY S S Peter & Paul Cem.

23d. LOCATION (City, town, or county) (State) Collinsville Ill.

24. FUNERAL DIRECTOR ADDRESS Herr Funeral Home, Collinsville Ill

25. DATE RECD. BY LOCAL REG. OCT 8 1962

26. REGISTRAR'S SIGNATURE Hoard Smith, M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Vincent Clark, Student Embalmer ~~No.~~ 1142 working under my personal supervision.

Student _____ Signed _____
Signature of Student Embalmer

Licensed Embalmer No. 1142

P. O. Address Collinsville, Ill.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.